



CAP Professional Development Course Materials Order Form

SUBMIT THIS FORM AT LEAST 45 DAYS IN ADVANCE OF COURSE START DATE.

Course (Check one): SLS_____ CLC_____ UCC_____

Wing: _____ Name of Course Director: _____

Contact Telephone Number: _____ Date Of Course: _____

Estimated Number Of Students: _____ Estimated Number Of Staff: _____

Course Location: _____

Mail Materials To: _____

_____ (Street address, not P.O. Box)

E-Mail Address: _____

Signature, Course Director

Date

Signature, Wing Director of Professional Development

Date

Attachment: Course Schedule

Mail this form to: HQ CAP/ETP
105 S. Hansell St., Building 714
Maxwell AFB, AL 36112-6332

Or FAX to: 334-953-7771
DSN: 493-7771